

City of Scottsdale – Monthly Benefit Premiums

January 1, 2004 to June 30, 2005	Monthly Premium	Full Time Employee (City Contribution)	Part Time & Job Share Employee (City Contribution)	Retiree	COBRA Participant
Aetna Open Access PPO					
Enrollee Only	\$211.00	\$0.00 (211.00)	\$52.74 (158.26)	\$211.00	\$215.22
Enrollee & Spouse/Partner	\$464.00	\$0.00 (464.00)	\$116.00 (348.00)	\$464.00	\$473.28
Enrollee & Child(ren)	\$337.00	\$0.00 (337.00)	\$84.24 (252.76)	\$337.00	\$343.74
Enrollee & Family	\$569.00	\$0.00 (569.00)	\$142.24 (426.76)	\$569.00	\$580.38
Aetna Open Access Elect Choice EPO					
Enrollee Only	\$290.00	\$0.00 (290.00)	\$72.50 (217.50)	\$290.00	\$295.80
Enrollee & Spouse/Partner	\$630.00	\$45.00 (585.00)	\$191.24 (438.76)	\$630.00	\$642.60
Enrollee & Child(ren)	\$479.00	\$24.00 (455.00)	\$137.74 (341.26)	\$479.00	\$488.58
Enrollee & Family	\$736.00	\$66.00 (670.00)	\$233.50 (502.50)	\$736.00	\$750.72
Mayo Health Tradition PPO					
Enrollee Only	\$310.00	\$20.00 (290.00)	\$92.50 (217.50)	\$310.00	\$316.20
Enrollee & Spouse/Partner	\$650.00	\$65.00 (585.00)	\$211.24 (438.76)	\$650.00	\$663.00
Enrollee & Child(ren)	\$495.00	\$40.00 (455.00)	\$153.74 (341.26)	\$495.00	\$504.90
Enrollee & Family	\$775.00	\$105.00 (670.00)	\$272.50 (502.50)	\$775.00	\$790.50
Fortis Summit Dental HMO					
Enrollee Only	\$10.10	\$0.00 (10.10)	\$2.52 (7.58)	\$10.31	\$10.30
Enrollee & Spouse/Partner	\$16.58	\$6.48 (10.10)	\$9.00 (7.58)	\$16.91	\$16.91
Enrollee & Child(ren)	\$22.62	\$12.52 (10.10)	\$15.04 (7.58)	\$23.07	\$23.07
Enrollee & Family	\$26.56	\$16.46 (10.10)	\$18.98 (7.58)	\$27.09	\$27.09
Scottsmiles Dental PPO					
Enrollee Only	\$30.00	\$0.00 (30.00)	\$7.50 (22.50)	\$30.60	\$30.60
Enrollee & Spouse/Partner	\$66.00	\$36.00 (30.00)	\$43.50 (22.50)	\$67.32	\$67.32
Enrollee & Child(ren)	\$54.00	\$24.00 (30.00)	\$31.50 (22.50)	\$55.08	\$55.08
Enrollee & Family	\$90.00	\$60.00 (30.00)	\$67.50 (22.50)	\$91.80	\$91.80
Alternative Health Options					
Enrollee Only	\$4.00	\$4.00	\$4.00	\$4.08	\$4.08
Enrollee & Spouse/Partner	\$4.76	\$4.76	\$4.76	\$4.86	\$4.86
Enrollee & Child(ren)	\$5.26	\$5.26	\$5.26	\$5.37	\$5.37
Enrollee & Family	\$6.76	\$6.76	\$6.76	\$6.90	\$6.90
Enhanced Vision Care					
Enrollee Only	\$5.12	\$5.12	\$5.12	\$5.22	\$5.22
Enrollee & Spouse/Partner	\$9.68	\$9.68	\$9.68	\$9.87	\$9.87
Enrollee & Child(ren)	\$10.18	\$10.18	\$10.18	\$10.38	\$10.38
Enrollee & Family	\$15.26	\$15.26	\$15.26	\$15.57	\$15.57

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January 1, 2004 to June 30, 2005	Monthly Premium	Full Time Employee	Part Time & Job Share Employee
Short Term Disability			
\$100 Benefit per Week	\$6.80	\$6.80	\$6.80
\$200 Benefit per Week	\$13.60	\$13.60	\$13.60
\$250 Benefit per Week	\$17.00	\$17.00	\$17.00
\$300 Benefit per Week	\$20.40	\$20.40	\$20.40
\$350 Benefit per Week	\$23.80	\$23.80	\$23.80
\$400 Benefit per Week	\$27.20	\$27.20	\$27.20
\$500 Benefit per Week	\$34.00	\$34.00	\$34.00
Supplemental Life Insurance			
Employee's Age: Under 30	\$0.90	\$0.90	\$0.90
30-34	\$1.10	\$1.10	\$1.10
35-39	\$1.30	\$1.30	\$1.30
40-44	\$1.70	\$1.70	\$1.70
45-49	\$2.70	\$2.70	\$2.70
50-54	\$3.50	\$3.50	\$3.50
55-59	\$6.10	\$6.10	\$6.10
60-64	\$7.90	\$7.90	\$7.90
65-69	\$13.00	\$13.00	\$13.00
70-74	\$21.50	\$21.50	\$21.50
75-89	\$36.00	\$36.00	\$36.00